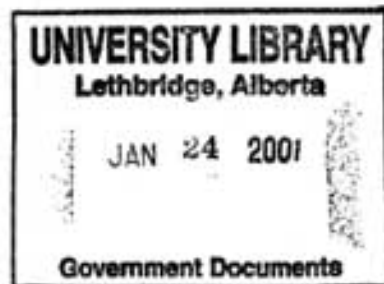


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Gambling and Seniors

The Final Report On the Survey of Key Informants

August, 1999

Prepared for the Addictions Foundation of Manitoba

Prepared by Malcolm Doupe

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EXECUTIVE SUMMARY

The Senior Gambling Survey was developed and administered by the Addictions Foundation of Manitoba, as a means of better understanding issues related to gambling and the senior community member. More specifically, the goals of this project were to better understand i) the nature of senior gambling and types of problems associated with this activity; and ii) how to most effectively offer gambling services to the senior population.

Community professionals were asked to complete the Senior Gambling Survey. These individuals were chosen because of their experience in working with seniors. It was therefore felt these individuals could provide AFM with valid information as it relates to seniors and gambling. In total, 25 Key Informants provided the data for this study.

The present document is a summary of the key findings from the Senior Gambling Survey. First and foremost, these data indicated that gambling is potentially a real and important issue for the senior community member. This activity mostly effects the senior person as it relates to the themes of finances (spending excessive money and not saving enough to provide for daily necessities such as food, rent or medication), family or relationship problems (usually caused by arguing over the amount of money and time spent gambling), or health related issues such as depression, lack of self esteem, or an increase in smoking / drinking.

While the AFM seemed to have a very good reputation with survey respondents, these data also indicated that AFM is currently not being used to the extent it should, to both prevent excessive gambling habits, and assist those who have problems related to gambling. Survey respondents indicated that at present, the senior community member would hesitate to use AFM's services, due to issues such as access barriers (i.e., not having transportation to get to AFM, the distance to travel to this organization, or the time of day in which the service is provided), the stigma of AFM (thinking this

organization was only for individuals with an "addiction" to alcohol or drugs), individuals denying that they have a problem, or feeling embarrassed to admit that they need help because of excessive gambling. Each of these issues present challenges to the AFM in helping the senior person feel more comfortable, when seeking assistance for gambling related problems.

Respondents have advised that AFM begin to provide educational seminars to both the professional and senior community member, as a means of both informing the community member of AFM, and reducing any stigma that is attached to this organization. Advertisement via television, radio and newspaper was also suggested as a means of educating the senior community member. Finally, providing outreach rehabilitative services (i.e., in the senior community at a time that is appropriate for the community member) was suggested to reduce senior access barriers to the services provided by the AFM.

Gambling and Seniors:

The Final Report On The Survey Of Key Informants

INTRODUCTION:

At present, the Addictions Foundation of Manitoba has targeted the senior community for outreach initiatives, as it relates to gambling and the provision of educational / rehabilitative services. Given AFM's limited experience in working within this community, it was felt that input from community members was an essential first step in better understanding i) the nature of senior gambling and the type / extent of problems caused by this activity, and ii) how to most effectively offer outreach services to the senior community member. Data was collected from 25 community respondents or Key Informants. Each of these individuals have extensive experience working with the senior community member, and were therefore thought to have a sound understanding of the general needs and issues of these individuals.

The general purpose of the Gambling and Seniors Survey was two – fold. First, data were gathered to determine the impact of gambling on the senior community member. Key Informants were asked to comment on the extent of senior gambling, problems associated with senior gambling, and reasons that individuals would continue to gamble in spite of its potential negative outcomes. In addition, respondent opinion was sought as to how AFM could best function as a resource to both prevent problem gambling in the senior population, and provide rehabilitation programs targeted specifically for the senior person demonstrating problems related to excessive gambling.

The present report summarizes the findings from the Gambling and Seniors Survey. Findings are discussed under four primary headings: i) Demographics; ii) Seniors Gambling; iii) AFM – Awareness and Rehabilitation; and iv) AFM – Education, Prevention and Significance. A discussion of the most important findings is provided at the end of each of these sections. The Conclusion section of this report highlights issues

that AFM could consider, when planning gambling related services for the senior community member.

METHODS:

I) Data Collection

In total, 25 Key Informants, each with extensive experience working in the senior community, participated in this study. Each of these individuals were contacted by a staff member of AFM, who explained the purpose of the survey, and requested that the Key Informant take part in the study. Each of these individuals were mailed a package of information that included the Gambling and Seniors Survey, information about AFM, as well as names of AFM staff members to contact for questions. After allowing for a brief period of time to review information, respondents were again contacted to arrange for either an in person or telephone interview to complete the survey. On several occasions, multiple contacts with Key Informants was necessary in order to gather survey data. All interviews were conducted at a time and location that was convenient for the Key Informant.

II) Data Coding and Data Frequency:

The Gambling and Seniors Survey consists of both quantitative and qualitative data. To summarize quantitative data, response categories were tallied for each Key Informant, and an overall response frequency (i.e., from respondents #1 through 25) was recorded for each category of a given quantitative question. To summarize qualitative data, all Key Informant responses were extensively reviewed for a given question, and a series of themes were developed to best represent the range of responses submitted. Key Informant responses were then coded according to these themes, and an overall response frequency was recorded for each theme or category of a given qualitative question. For most if not all survey questions, multiple responses were permitted to allow Key

Informants to provide information that most thoroughly reflects senior gambling issues. An overview of response categories / themes, and the overall response frequency associated with each, is presented in Appendix I¹.

RESULTS and DISCUSSION:

A. Demographics:

The general purpose of this section is to discuss who the Key Informants are (the organization that they belong to and their role within the organization), the age range of individuals they provide services to, and respondent opinion on the more prominent needs of seniors that live in the community environment.

As demonstrated in Table I (**question I**), the respondents approached with this survey provide a wide range of services to the senior community member, ranging from education / counseling / support group services (i.e., resource centers, senior information lines) to social activities (i.e., provision of dances and other recreational opportunities) to housing / community services (i.e., home maintenance programs). The majority of respondents also reported that their organization was multi – faceted, in that it provided a variety of services to the elderly individual. Overall, the most prominent service provided to the elderly community person was that related to educational / counseling / support group services (14 responses), followed by each of health provision and housing / community services (each with 9 responses).

Table I: Frequency of Responses to Question #1 – “What services does your organization provide to seniors?”

| | # Of Respondents | Education/ Counseling/ Support Group | Financial / Legal | Social Activity | Health Provision | Housing / Community |
|------------------|------------------|--|----------------------|--------------------|---------------------|------------------------|
| Frequency | 22 | 14 (63.6) | 7 (31.8) | 6 (27.3) | 9 (40.9) | 9 (40.9) |

Respondents also indicated that their role within these organizations could be divided into either that of administrator (21 responses) or counselor / service provider (8 responses) (**question II**). The majority of respondents also reported that their services were provided to a wide age range of elderly individuals, ranging from 55 to 85+ years (**question IV**). Data from this information is provided in Tables II and III.

Table II: Frequency of Responses to Question #II – “What is your role within the organization?”

| | # Of Respondents | Administrator (Coordinator, Director, Executive, Manager) | Counselor / Service Provider |
|-----------|------------------|---|------------------------------|
| Frequency | 24 | 21 (87.5) | 8 (33.3) |

Table III: Frequency of Responses to Question #IV – “What is the age range of seniors that access your organization?”

| | # Of Respondents | 55-64 | 65-74 | 75-84 | 85+ |
|-----------|------------------|---------|---------|-----------|---------|
| Frequency | 23 | 20 (87) | 20 (87) | 21 (91.3) | 20 (87) |

Given the wide range of services provided to seniors, it is not surprising that a wide range of responses were recorded for **question III** (*What are some of the more common needs of seniors accessing your services?*). The most common response involved improving educational / support group / resource services (12 responses) or improving senior access to health care and related services (11 responses). Preventing social isolation was also seen as an important issue (8 responses). It is important to note that services specific to gambling education / prevention or intervention programs was not mentioned as a common need of seniors. Data from this discussion is presented in Table IV.

Table IV: Frequency of Responses to Question #III – “What are some of the common needs of seniors accessing your services?”

| | # Of Respondents | Improved access to health care / related services | Providing personal independence | Preventing social isolation | Providing educational / support group / resource services | Improving housing services | Improving transport services |
|-----------|------------------|---|---------------------------------|-----------------------------|---|----------------------------|------------------------------|
| Frequency | 22 | 11 (50) | 3 (13.6) | 8 (36.4) | 12 (54.5) | 5 (22.7) | 6 (27.2) |

Summary Demographics:

The heterogeneity of responses in this section is important when considering all subsequent responses in the present report. From the present data it would appear that overall Key Informant response / opinion is well balanced, in that these individuals are providing opinion from each of an administrative and service provider perspective, on a wide age range of elderly individuals. This heterogeneity is also demonstrated in the wide range of service provisions provided to the community dwelling elderly individual. Overall therefore, it is felt the respondent sample is diverse, and provides a multitude of perspectives on a wide range of senior individuals living in the community.

B. Elderly Gambling:

For the purposes of this report, this section is divided into two subsections. The first subsection is termed "gambling demographics", and discusses common locations / popular forms / pros and cons of senior gambling, as well as reasons that a senior person may continue to gamble in spite of potential negative consequences. The second subsection is termed "problem gambling", and discusses the prevalence of senior gambling problems as found in the Gambling and Seniors Survey. It discusses respondents' opinion of the type of problems caused by excessive gambling, and asks these individuals to comment on the nature of past and present services that have been offered to help problem gamblers.

I) gambling demographics:

Respondents indicated that the senior community member utilizes a wide variety of gambling venues in the Winnipeg community (**question V**). Neighborhood bingo establishments were recorded as the most common location for seniors to gamble (17 responses), followed closely by each of the Winnipeg casinos (14 responses), lottery

outlets (13 responses) and local bar / hotel / restaurants (11 responses). These data are presented in Table V.

Table V: Frequency of Responses to Question #V – “What do you think are the more common gambling locations for seniors?”

| | # Of Respondents | Local bar, Hotel, Restaurant | Wpg. Casinos | Neighborhood bingo | Lottery outlet | Legion |
|-----------|------------------|------------------------------|--------------|---|----------------|----------|
| Frequency | 24 | 11 (45.8) | 14 (58.3) | 17 (70.8) | 13 (54.2) | 8 (33.3) |
| | | Another Province | U.S. | Other trips/tours - 4 track - 2 community center - 1 mail scam - 1 | | |
| | | 3 (12.5) | 8 (33.3) | | | |

Respondents also reported four very popular forms of gambling in the senior community (question VI). These included each of VLT / Slot machines (21 responses), bingo (20 responses), break open / scratch tickets (19 responses) and lottery tickets (19 responses). Other sources of gambling such as cards, table games, horses, sports betting and stocks were thought to be used minimally by the senior community (1 to 3 responses). Interestingly, in the “Other” category of this question, respondents indicated that telemarketing was a potential source of gambling for the elderly individual (4 responses). Data from this discussion are presented in Table VI.

Table VI: Frequency of Responses to Question #VI – “What do you think are the more popular forms of gambling among seniors?”

| | # Of Respondents | Bingo | Cards | VLT/slot | Lottery ticket | Horses | Break open/ scratch tx |
|-----------|------------------|-------------|----------------|----------|---|--------|------------------------|
| Frequency | 25 | 20 (80) | 2 (8.0) | 21 (84) | 19 (76) | 3 (12) | 19 (76) |
| | | Table games | Sports betting | Stocks | Other | | |
| | | 0 (0) | 2 (8) | 1 (4) | telemarketing - 3 mail scams - 1 readers digest - 1 clearinghouse - 1 phone - 1 | | |

Respondents were asked if gambling could have potential benefits for the elderly individual (**question VII**). Respondents indicated that gambling could be an effective tool for decreasing elderly loneliness or isolation (16 responses), and providing mental stimulation / excitement (14 responses). These data are presented in Table VII.

Table VII: Frequency of Responses to Question #VII – *“What, if any, are some of the benefits of seniors who participate in gambling activities?”*

| | # Of Respondents | Form of Recreation | Mental stimulus/ form of excitement | Decrease loneliness/ isolation OR increase socialization | Forget about mental / physical health problems |
|-----------|------------------|--------------------|-------------------------------------|--|--|
| Frequency | 23 | 3 (13) | 14 (60.9) | 16 (69.6) | 1 (4.3) |

Respondents also reported that the senior problems associated with gambling are real and significant (**question VIII**). Financial strain (exacerbated by elderly fixed income) was the most commonly reported problem of senior gambling (24 responses). Other negative issues related to senior gambling included family or relationship problems (arguments brought on by the amount of money and time spent gambling - 16 responses) and health – related problems such as depression, drinking and smoking, or lack of self - esteem (10 responses). These data are presented in Table VIII.

Table VIII: Frequency of Responses to Question #VIII – *“What, if any, are some of the problems seniors experiences are as a result of these gambling activities?”*

| | # Of Respondents | \$ (fixed income) | Relationship/ family problems | Health (depression, drinking, smoking, self esteem) | Loss of priorities | Increased isolation |
|-----------|------------------|-------------------|-------------------------------|---|--------------------|---------------------|
| Frequency | 24 | 24 (100) | 16 (66.7) | 10 (41.7) | 1 (4.2) | 3 (12.5) |

When respondents were asked if any particular form of gambling was more likely to cause issues or problems, (**question IX**), the majority indicated the some forms of gambling were more prone to causing problems than others. VLT / slot machines (11 responses) were reported as the most likely to cause the problems. Break open / scratch

tickets (6 responses) and lottery tickets (4 responses) were seen as lesser "problematic" forms of gambling. No other clear patterns existed in the data collected for this question. Data from this discussion are presented in Table IX.

Table IX: Frequency of Responses to Question #IX and IX Cont. - "Are there certain gambling activities that are more likely to cause problems" AND IF SO. "Which activities?"

Question IX - Are there certain gambling activities that are more likely to cause problems?

| | # Of Respondents | YES | NO |
|-----------|------------------|-----------|----------|
| Frequency | 19 | 17 (89.5) | 2 (10.5) |

Question IX continued - Which activities?

| | # Of Respondents | Bingo | Cards | VLT/slot | Lottery ticket | Horses | Break open/ scratch ticket |
|-----------|------------------|----------------------|-------------------------|-----------------|--|--------|----------------------------|
| Frequency | 19 | 3 (15.8) | 0 (0) | 11 (57.9) | 4 (21.1) | 0 (0) | 6 (31.6) |
| | | Table games 0 (0) | Sports betting 0 (0) | Stocks 0 (0) | Other telemarketing - 2 horse race - 1 activities at night - 1 casinos - 2 mail scams - 1 | | |

Given the problems that seniors experience as a result of gambling, a very logical question to ask at this point is why a given elderly person would continue to gamble in the face of negative consequences (**question IXa**). Respondents indicated there were a multitude of reasons for this practice, but the most cited response involved a means to decrease feelings of loneliness or boredom (12 responses). While admittedly a very related response, respondents also indicated that seniors would continue to gamble because it was a type of social outing or entertainment (11 responses)². Respondents also felt that seniors gambled because of the chance to make money / get the "big win" (10 responses), or because of a lack of alternative activities to be involved in (8 responses). Of particular interest to this report, respondents also reported that gambling addiction was a reason that the senior person would continue to gamble in spite of potential negative consequences (8 responses). Data from this discussion are presented in Table X.

Table X: Frequency of Responses to Question #IXa. – *"What are the reasons seniors continue to gamble even though this activity is causing problems in their life?"*

| | # Of Respondents | Addictive | A type of social outing or entertainment | Chance to make \$ ("Big Win") | Lack of alternative activities to be involved in | To decrease loneliness /boredom | Other |
|-----------|------------------|-----------|--|-------------------------------|--|---------------------------------|---------------------|
| Frequency | 24 | 8 (33.3) | 11 (45.8) | 10 (41.7) | 8 (33.3) | 12 (50) | Lack of support - 2 |

When asked if any of the reasons cited in Table X were unique to the elderly population (question IXb), the most common response involved aspects of loneliness / a lack of friends / isolation (11 responses). Less frequent responses included the concepts of having excessive free time, or needing stimulation or socialization (7 responses each). Getting the "big win" (exacerbated by an elderly fixed income) was only reported as a problem unique to seniors on 4 occasions. Gambling addiction was not reported as a problem unique to seniors that would result in continued gambling despite potential negative consequences. Data from this discussion are presented in Table XI.

Table XI: Frequency of Responses to Question #IXb. – *"Are there any reasons that would be more unique to seniors, in comparison to the general population?"*

| | # Of Respondents | Excessive free time | The need for stimulation or socialization | Loneliness/ lack of friends/ isolation | Increased want of "big win" b/c of fixed income | Other |
|-----------|------------------|---------------------|---|--|---|-------------------------------------|
| Frequency | 20 | 7 (35) | 7 (35) | 11 (55) | 4 (20) | Dementia - 1 Increased money - 1 |

II) gambling problems:

Respondents were asked if any senior clients had experienced problems as a result of their / someone else gambling and if so, to comment on the number of individuals effected in the past 12 months (Question X and Xa). Twenty one respondents answered the former question, and 17 or 80 % indicated that at least one of their clients had at some point experienced problems as a result of gambling. Thirteen respondents answered the latter question, and responses ranged from 1 client (4 responses) to between 45 and 50 clients (2 responses). Given that these latter 2 responses were the only ones in excess of

the value of "10", the median was chosen to represent a value of central tendency. The median number of clients that respondents recognized as having gambling related problems in the last twelve months was 5.

Those respondents that stated they knew at least one individual with gambling related problems were asked to describe the basic problems experienced by these individuals (**question Xb**). Two prominent themes were developed from these responses. Respondents indicated that the most common elderly issue related to gambling involved family problems, usually through arguing over the amount of time spent gambling or the amount of money spent on this activity (14 responses). Financial complications (i.e., having less money for medications, rent and basic living requirements) was also seen as a prominent elderly problem associated with gambling (12 responses). These data are presented in Table XII.

Table XII: Frequency of Responses to Question #Xb. – *"What problems do you think gambling was causing in their lives?"*

| | # Of Respondents | financial complications | family problems | Health - related problems |
|-----------|------------------|-------------------------|-----------------|---------------------------|
| Frequency | 17 | 12 (70.6) | 14 (82.4) | 3 (17.6) |

When asked the type of assistance that was provided to these individuals (**question Xc**), the most common response was that of internal counseling (i.e., education about addictions, helping people to better follow budgets) (10 responses). Referral to services other than AFM was recorded on 7 occasions, and specific referral to AFM was recorded on 7 occasions. These data are presented in Table XIII.

Table XIII: Frequency of Responses to Question #Xc. – *"Did your organization provide them with any assistance?"*

| | # Of Respondents | Referral to non AFM services | Internal counseling | Referral to AFM |
|-----------|------------------|------------------------------|---------------------|-----------------|
| Frequency | 15 | 7 (46.7) | 10 (66.7) | 7 (46.7) |

Summary Elderly Gambling:

Overall, four summary statements can be formed from the Elderly Gambling Section.

- i) The most popular senior gambling venues reported by respondents include bingo establishments, followed by the Winnipeg casinos, lottery outlets and local bar / hotel / restaurants. The most popular forms of senior gambling reported by respondents include VLT / slots machines, bingo, break open / scratch tickets and lottery tickets.
- ii) According to survey respondents, elderly individuals gain both positive and negative aspects from gambling. While gambling provides the opportunity for mental stimulation and social activity, it often results in financial strain and an unsettled family environment, caused by hard feelings over the amount of time and money spent on this activity. Despite the potential negative consequences of gambling, some individuals many continue with this activity, primarily as a means of decreasing loneliness, filling free time and providing a form of socialization. Gambling addiction was also recorded as an important reason for some seniors to continue gambling in spite of potential negative consequences.
- iii) From these survey results, it is clear that gambling is a potential problem in the senior community, as 80 % (17 of 21) of respondents indicated they knew of at least one senior person with gambling related problems. However, the extent of problem gambling is difficult to determine from these data. Only 13 respondents provided information on the number of senior persons with gambling problems. Most reported knowing less than 10 people, while two reported knowing between 45 and 50 people over a one year period. More detailed population based research is needed to better understand the extent of problem gambling in the senior community.

- iv) The majority of Key Informants indicated that some form of assistance was provided to individuals with potential gambling problems, however the focus of this intervention was on internal counseling. These data indicate an important opportunity for AFM to work with respondent organizations, such that intervention counseling can be performed in the most effective manner.

C. AFM – Awareness and Rehabilitation:

The current section discusses respondent awareness of various services provided by AFM, as well as the willingness of these individuals to utilize AFM gambling services. Respondent opinion on i) elderly access barriers to AFM and ii) manners by which AFM can more effectively help senior persons with gambling problems will also be discussed.

All respondents stated that they were aware of the Addictions Foundation of Manitoba (**Question XI**). In addition, virtually all respondents stated they were aware of AFM's ability to provide services to individuals with gambling problems (**question XIA**) and to those affected by someone's gambling habits (**question XIB**). From this information, it is apparent that AFM is well known by respondents as a rehabilitative service to assist those with gambling related concerns. These data are presented in Table XIV.

Table XIV: Frequency of Responses to Question #XI, XI. ai, and XI. aii – "Before today, were you aware of AFM?", AND "Were you aware that AFM provides treatment to people with gambling problems?" AND "Were you aware that AFM provides treatment to those effected by someone's gambling?"

| Question XI - Before today, were you aware of AFM? | | | |
|---|------------------|-----------------|----------------|
| | # Of Respondents | YES | NO |
| Frequency | 25 | 25 (100) | 0 (0) |
| Question XI, ai - Were you aware that AFM provides treatment to people with gambling problems? | | | |
| | # Of Respondents | YES | NO |
| Frequency | 25 | 24 (96) | 1 (4.0) |
| Question XI, aii - Were you aware that AFM provides treatment to those effected by someone's gambling? | | | |
| | # Of Respondents | YES | NO |
| Frequency | 25 | 19 (76) | 6 (24) |

An exceedingly positive note of this report is the respondents' stated willingness to refer senior clients in need of rehabilitation to the Addictions Foundation of Manitoba. A total of 24 out of a possible 25 respondents indicated they would refer clients to the AFM (**question XII**). Further, the rationale of the one respondent who responded "no" to this question did not involve a lack of trust in the ability of AFM staff, but rather involved a misunderstanding that the AFM functioned to help those involved with substance abuse only. Overall, the ability of the AFM to help senior individuals with gambling problems seems to be well respected by respondents surveyed in this research. Data from this discussion are presented in Table XV.

Table XV: Frequency of Responses to Question #XII – *"If a senior was having problems because of gambling, would you refer him / her to AFM?"*

| | # Of Respondents | YES | NO |
|-----------|------------------|---------|---------|
| Frequency | 25 | 24 (96) | 1 (4.0) |

Respondents had very informative responses to each of questions XIII and XIV (*What would prevent seniors from using AFM?* and *How could AFM assist your organization in helping seniors who are either having problems associated with gambling or with another person's gambling?*) In terms of the former question (**question XIII**), access barriers (transportation, distance to travel, time of day in which the service is provided) was the most common reason given for senior persons not using AFM services (16 responses). Elderly denial, or the hesitation to admit that help is needed was the second most recorded reason (11 responses), followed by feelings of shame and embarrassment for needing help (9 responses). Interestingly, the stigma of AFM (i.e., an organization that deals with alcoholics / drugs addicts) was quoted as a common reason for senior individuals not using AFM treatment services (8 responses). Some respondents also reported that senior individuals would not necessarily be aware of AFM's services (6 responses), and hence would not make use of this organization. Data from this discussion are presented in Table XVI.

Table XVI: Frequency of Responses to Question #XIII – “What would prevent seniors from using AFM’s services?”

| | # Of Respondents | Access / barriers | Denial | Feels of Shame and embarrassment | Lack of knowledge and info. about AFM | Stigma of AFM | Other |
|-----------|------------------|-------------------|---------|----------------------------------|---------------------------------------|---------------|--------------------------|
| Frequency | 25 | 16 (64) | 11 (44) | 9 (36) | 6 (24) | 8 (32) | Cultural differences - 1 |

Key Informants were asked to discuss how AFM could assist their organization in helping seniors with problems related to gambling (**question XIV**). Four themes were developed from responses to this question. The most common response to this question involved having AFM staff provide outreach education seminars to the senior person, in the senior community (10 responses), with the intent of educating these individuals on the role of AFM and how it can help those individuals with gambling problems. Similarly, the theme of providing educational workshops for professionals (i.e., What services does AFM provide, how do professionals seek the help of AFM?) was mentioned on 9 occasions. Respondents also reported (8 responses) that AFM should provide a venue for outreach rehabilitation programs for the senior individual (i.e., in the senior person’s environment and at a time that is appropriate for this individual). Advertisement specific to the senior population was also reported a viable means of helping AFM become more involved in providing elderly rehabilitation programs. Data from this discussion are presented in Table XVII.

Table XVII: Frequency of Responses to Question #XIV – “How could AFM assist your organization to help seniors who are either having problems with their own gambling or with another person’s gambling?”

| | # Of Respondents | Outreach rehabilitation programs | Educational workshops for professionals | Outreach educational seminars | Advertise - ment | Other |
|-----------|------------------|----------------------------------|---|-------------------------------|------------------|--|
| Frequency | 23 | 8 (34.8) | 9 (39.1) | 10 (43.5) | 5 (21.7) | Accept referrals - 2 Work with agencies - 1 |

Summary AFM – Awareness and Rehabilitation:

Overall, two summary statements can be formed from the AFM – Awareness and Rehabilitation Section.

- i) AFM seems to have done an excellent job of informing respondents of the gambling related services it provides. Virtually all respondents stated they were aware of AFM and its ability to provide services to the individual with gambling concerns. Further, virtually all respondents stated they would be willing to send senior clients to AFM for counseling related to gambling problems. From these results it seems that AFM is well known and respected by the professional community in terms of its ability to help senior individuals with problems related to gambling.
- ii) According to respondents, the main obstacles that prevent senior community persons from using AFM's services include access / transportation barriers, denial, feelings of embarrassment, AFM stigma, and a lack of knowledge of the services provided by this institution. To reduce these barriers, respondents advise that AFM needs to provide educational outreach programs to both the senior person and the service provider, advertise its services to the senior person, and provide outreach rehabilitation programs for the elderly individual.

D. AFM – Education, Prevention and Significance:

This section is divided into two subsections. Subsection #i ("education and prevention") discusses education and preventative strategies to help AFM effectively inform the senior community of its services. Subsection #ii ("gambling significance") discusses respondent opinion on the relative importance of gambling related issues, in comparison to other prominent senior community needs.

I) education and prevention:

While the focus of the previous section is on ensuring efficient rehabilitation strategies, the current section examines prevention / education strategies, designed to inform seniors about potential dangers of excessive gambling habits.

All respondents indicated that they were aware of AFM's ability to provide gambling related education and information services (**question XVI**). However, all respondents also indicated that the senior population needed to be more aware of the problems that can occur with gambling (**question XVII**). Data from this discussion are presented in Tables XVIII and XIX.

Table XVIII: Frequency of Responses to Question #XVI – *“Before today, were you aware that AFM provides education services on problem gambling?”*

| | # Of Respondents | YES | NO |
|-----------|---------------------|----------|-------|
| Frequency | 23 | 23 (100) | 0 (0) |

Table XIX: Frequency of Responses to Question #XVII – *“Do you think there a need to increase seniors' awareness of problems that can occur with gambling?”*

| | # Of Respondents | YES | NO |
|-----------|---------------------|----------|-------|
| Frequency | 22 | 22 (100) | 0 (0) |

When asked what methods would be best to disseminate information to seniors (**question XVIIIA**), the most frequent response was television (23 responses) followed by radio (18 responses), newspaper (13 responses), and telephone information lines (10 responses). Posters and pamphlets received 5 and 4 responses respectively. In the “other” column of this question, presentations at elderly functions was mentioned on 5 occasions. Various other suggestions are presented in Table XX.

Table XX: Frequency of Responses to Question #XVIIA – “What methods would work best to reach the senior community?”

| | # Of Respondents | TV | Newspaper | Pamphlet | Radio | Posters |
|-----------|------------------|-------------------------|---|----------|---------|----------|
| Frequency | 24 | 23 (95.8) | 13 (54) | 4 (16.7) | 18 (75) | 5 (20.8) |
| | | Phone info 10 (41.7) | Other Seniors papers / magazines - 3 Outreach groups / peer support - 3 Presentations at appropriate functions - 5 Internet - 1 Info. written for associations - 1 | | | |

The majority (16 or 67%) of respondents indicated they would be interested in having an AFM educator / counselor provide information related to problem gambling to their staff (question XVIII). Only 2 respondents indicated they would not be interested in having AFM provide this service. The remaining respondents indicated that they didn't know / they may be interested (4 responses in total), or that seniors with gambling problems was not within the mandate of their organization (2 responses – “not applicable” in Table XXI). Overall, it can be concluded that AFM is well regarded by respondents as an organization able to provide staff training for prevention and education of senior gambling issues. Data from this discussion are presented in Table XXI.

Table XXI: Frequency of Responses to Question #XVIII – “Would your organization be interested in having an AFM educator / counselor provide information related to problem gambling to your staff?”

| | # Of Respondents | YES | NO | Other |
|-----------|------------------|---------|-------|---|
| Frequency | 24 | 16 (67) | 2 (8) | Maybe - 3 Don't know - 1 Not applicable - 2 |

Respondents were asked if they were aware of any gambling prevention activities offered for seniors (question XIX), and to comment on the primary obstacles to gambling prevention efforts in the senior community (question XX). The majority (20 responses)

of respondents indicated they were not aware of any gambling prevention strategies offered to seniors. In terms of obstacles associated with prevention efforts, the most frequent response included that of seniors denying that a problem exists (11 responses), and senior isolation / access to services (due to factors such as disability) (10 responses). Poorly informed clients about the role of AFM was also cited as common response (8 responses), as was a concern over what others may think of needing to "get help" (6 responses). Interestingly, political influence (i.e., "the government promotes gambling, so it must not be bad for you") was cited on 3 occasions as a potential barrier to prevention efforts in the elderly community. Data from this discussion are presented in Tables XXII and XXIII.

Table XXII: Frequency of Responses to Question #XIX – *"Are you aware of gambling prevention strategies that have been offered to seniors?"*

| | # Of Respondents | YES | NO |
|-----------|------------------|----------|-----------|
| Frequency | 24 | 4 (16.7) | 20 (83.3) |

Table XXIII: Frequency of Responses to Question #XX – *"What are the primary obstacles to prevention efforts with the senior community?"*

| | # Of Respondents | Denial | \$ to fund | Political influence | Isolation / access issues | Poorly informed clients |
|-----------|------------------|------------------------------------|---------------------------------------|---------------------|---------------------------|-------------------------|
| Frequency | 23 | 11 (47.8) | 1 (4.3) | 3 (13) | 10(43.5) | 8 (34.8) |
| | | Concern over what others may think | Other | | | |
| | | 6 (26.1) | Difficult to know who has problem - 2 | | | |

When asked how AFM could best overcome the primary obstacles to gambling prevention efforts (question XXA), respondents again provided a range of suggestions. Respondents indicated that AFM needed to promote its services to the senior community (8 responses), build relationships with other organizations that focus on senior issues (7 responses), provide outreach educational programs for the senior person (6 responses),

and promote outreach treatment programs for the senior person (6 responses). Providing educational programs for the professional was mentioned to a lesser degree (4 responses). These data are presented in Table XXIV.

Table XXIV: Frequency of Responses to Question #XXa – "How can AFM overcome these obstacles?"

| | # Of Respondents | Provide outreach educational programs | Promotion of services | Promote outreach treatment programs for elderly | Educational programs for professionals | Building relationships with other organizations | Other |
|-----------|------------------|---------------------------------------|-----------------------|---|--|---|--|
| Frequency | 22 | 6 (27.3) | 8 (36.4) | 6 (27.3) | 4 (18.2) | 7 (31.8) | Peer help programs - 1 general outreach - 1 |

II) gambling significance:

When asked to comment on the three most important issues facing seniors in Manitoba (question XXIII), the most common response included access to the health care system (24 responses), followed by isolation and loneliness (20 responses), insufficient personal money (17 responses), transportation and housing (8 responses each), and ageism, defined as cultural / societal discrimination against the senior person (5 responses). While gambling was not included as a theme in this question, this should not be interpreted that gambling is a non – issue for the senior individual. When asked how important gambling is in the elderly community (question XXII), the majority (14 responses) of respondents indicated it was "somewhat important", while 9 respondents stated that gambling was a "very important" issue for the senior person. This latter data demonstrates that gambling is indeed an important issue in an elderly person's life, and indicates that AFM should continue to investigate manners to provide effective prevention and rehabilitative programs for the senior person. Data from this discussion are presented in Tables XXV and XXVI.

Table XXV: Frequency of Responses to Question #XXIII – “What are the three most important issues facing seniors in Manitoba?”

| | # Of Respondents | Access to health care | Insufficient personal money | Isolation / loneliness | Transportation | Housing | Ageism | Other |
|-----------|------------------|-----------------------|-----------------------------|------------------------|----------------|----------|----------|--|
| Frequency | 24 | 24 (100) | 17 (70.8) | 20 (83.3) | 8 (33.3) | 8 (33.3) | 5 (20.8) | Increased disease - 1 personal safety - 3 |

Table XXVI: Frequency of Responses to Question #XXII – “Overall, how important of an issue do you think gambling is in the senior population?”

| | # Of Respondents | Very important | Somewhat | Not Very | Not at all |
|-----------|------------------|----------------|-----------|----------|------------|
| Frequency | 23 | 9 (39.1) | 14 (60.9) | 0 (0) | 0 (0) |

Summary AFM – Education, Prevention and Significance:

From this overall section, three summary statements can be formed.

- i) AFM seems to have done an excellent job of informing respondents of the education and prevention services it provides. Virtually all respondents were aware of this role by AFM, and the majority indicated they would like a staff member from AFM to provide an educational seminar to their professional staff.
- ii) In terms of gambling prevention strategies for the senior person, the majority of respondents indicated that they were not aware of current programs, but that there was a definite need to provide such a service. In addition, the majority of respondents indicated that such efforts would be most effective if done either through some form of promotion or advertising (television, radio, newspaper and telephone information lines), through collaborative efforts with existing and trusted senior programs, or through providing outreach educational and rehabilitation programs for the senior person in his / her community environment.

- iii) While gambling was not recorded as one of three most important issues facing the senior community member, all respondents indicated that it had at least some level of significance in a senior person's life. To this extent, AFM should continue to investigate manners to provide effective education and rehabilitative programs for the senior community member.

CONCLUSIONS:

This work has demonstrated that respondents of the Senior Gambling Survey have recognized gambling as an important issue in the senior community. The majority of respondents recognized that at least one of their clients / customers had problems related to gambling at some point in their life. Further, several respondents reported the concept of addiction as a potential explanation why senior persons would continue to gamble in spite of its potential negative consequences. Finally, all respondents indicated that gambling was at least somewhat of a potential problem in the senior community, and many stated that this issue was "very important".

While the median number of reported "problem" gamblers / respondent was 5 in the last 12 months, it is difficult to view this value as representative due to the large number of respondents who did not complete this particular question. In addition, because the community role of most respondents is multidimensional, it is possible that signs and symptoms of excessive gambling may have been missed. A more detailed population based survey is required to determine the extent of problem gambling in the senior community.

Respondents reported that most seniors gamble at either a neighborhood bingo establishment, the Winnipeg Casinos, or the local bar / hotel / restaurant. In addition, the most common forms of senior gambling include VLT / slot machines, bingo, break open /

scratch tickets, and lottery tickets. Of these forms of gambling, respondents reported that VLT / slot machines were the most likely to cause problems for the senior person. These problems are many and varied, and include excessive financial strain (exacerbated by a fixed income) to the extent that individuals have difficulties paying for daily necessities such as food, rent and medication, family or relationship problems, usually resulting from arguments over the amount of time and money spent gambling, and health related problems such as depression, lack of self esteem, drinking and smoking. From these data, it is apparent that gambling can place a fundamental strain on the wellbeing of the senior community member.

Given this information, it would seem instrumental that the AFM continue to be actively involved in providing both educational and rehabilitative programs for the senior community member. To this end, the AFM seems to have done an excellent job of promoting its services to survey respondents. The majority of these individuals indicated that they were aware of AFM's services, and would refer a senior person to this organization for help with gambling related issues. However, respondents indicated the senior person may hesitate to use these services for a variety of reasons. These reasons include access barriers (not having transportation to get to AFM, the distance to travel to this organization, or the time of day in which the service is provided), the stigma of AFM (thinking this organization was only for individuals with an "addiction" to alcohol or drugs), individuals denying that they have a problem, or feeling embarrassed to admit that they need help because of excessive gambling. Each of these issues present challenges to the AFM in helping the senior person feel more comfortable, when seeking assistance for gambling related problems.

Lastly, respondents provided a variety of strategies for AFM to consider, as a means of more effectively offering services to the senior community member. These strategies include the provision of education seminars to professionals, such that these individuals better understand the role of AFM, and how this organization can help the community member. Educating the senior person was also strongly suggested, as a means of both informing the community member of AFM, and reducing any stigma that is attached to

this organization. Suggested forms of education include outreach educational workshops for the senior person, and advertisement via television, radio and newspaper. Finally, providing outreach rehabilitative services (i.e., in the senior community at a time that is appropriate for the community member) was suggested to reduce senior access barriers to the services provided by the AFM. Each of these suggestions provide important direction to the AFM, such that it can more effectively offer educational and rehabilitative services to the senior community member experiencing problems related to gambling.

TECHNICAL NOTES:

1. Appendix I summarizes both the quantitative and qualitative response frequencies for each response category of a given question. Each question contains a list of response codes (taken from the survey if the data was quantitative, or representing derived themes if the data was qualitative), and a series of both absolute and relative response frequencies for each code (absolute value followed by relative value in brackets). In addition, the number of respondents are listed for each question. This latter value represents the number of individuals who supplied an appropriate response to a given survey question. For a given question, a response was considered as inappropriate if i) it was blank; or ii) it was not relevant to the question. As an example of non – relevant information, in question #1 (*“What services does your organization provide to seniors”*), respondent #15 replied “governing group”, respondent #16 replied “see attached brochure” and no brochure was supplied, and respondent # 19 replied “many services”. Each of these responses were considered as too vague to place in any theme, and were therefore excluded from study results. It is for this reason the # of respondents in Question #1 is recorded as 22.

For all qualitative data, it is important to note that themes were developed from primary trends as seen in question responses. This is not to say that responses from every Key Informant fit into a given theme. In the event that a respondent response was provided, but did not fit into a theme, this information was recorded under the category of “Other”. For example, in question IXA (*“What are the reasons seniors continue to gamble even though this activity is causing problems in their life?”*), Appendix I shows the themes created, but also indicates that 2 respondents stated seniors would continue to gamble because there was a lack of support to help them quit. While it was felt this low response rate did not merit the creation of a theme, it was felt that this information should be included in this report. Please note there is distinction between this strategy, and excluding a given response because it was too vague to be of any use. In the former case, the response was not used in any manner, and the # of respondents was decreased

accordingly. In the latter case the response was included under the heading of "Other" and the # of respondents did not change.

Given this information, data in Appendix I is interpreted as follows (refer to question #1):

- A total of 22 respondents supplied useful information for this question, and 14 or 63.6 % of these individuals mentioned information related to the theme of Education / Counseling / Support Group, 7 or 31.8 % mentioned information related to the theme of Financial / Legal, etc.

As a final point, respondents were allowed to provide multiple responses in virtually all questions, and therefore a positive response in one category is not necessarily independent of a positive response in another. For this reason, the total number of absolute responses for a given question most often exceeds the "# of Respondents" (i.e., # of respondents in question #1 = 22, and a total of 46 responses). This is an acceptable practice, as long as it is kept in mind that summed relative values will very often exceed a value of 100%.

2. While the categories of "decrease loneliness / boredom" and "social outing or entertainment" are admittedly related, it was decided to keep these categories separate, as the latter category has a much more positive connotation than the former. Respondents were only coded to this former category when the words "loneliness, boredom or isolation" were reported.

Appendix I

Total Frequencies Listed

By Category

and

Question

in the Gambling and Seniors Survey

| Question I - What services does your organization provide to seniors? | | | | |
|--|---|---------------------------------|--|---|
| # Of Respondents | Education/ counseling/ support group | Financial / Legal | Social activity | Health Provision |
| 22 | 14 (63.6) | 7 (31.8) | 6 (27.3) | 9 (40.9) |
| Frequency | | | | 9 (40.9) |
| Question II - What is your role within the organization? | | | | |
| # Of Respondents | Administrator (Coordinator, Director, Executive, Manager) | Counselor / Service Provider | | |
| 24 | 21 (87.5) | 8 (33.3) | | |
| Frequency | | | | |
| Question III - What are some of the common needs of seniors accessing your services? | | | | |
| # Of Respondents | Improved access to health care / related services | providing personal independence | preventing social isolation | providing educational / support group / resource services |
| 22 | 11 (50) | 3 (13.6) | 8 (36.4) | 12 (54.5) |
| Frequency | | | | 5 (22.7) 6 (27.2) |
| Question IV - What is the age range of seniors that access your organization? | | | | |
| # Of Respondents | 55-64 | 65-74 | 75-84 | 85+ |
| 23 | 20 (87) | 20 (87) | 21 (91.3) | 20 (87) |
| Frequency | | | | |
| Question V - What do you think are the more common gambling locations for seniors? | | | | |
| # Of Respondents | Local bar, Hotel, Restaurant | Wpg Casino | Neighborhood bingo | Legion |
| 24 | 11 (45.8) | 14 (58.3) | 17 (70.8) | 13 (54.2) |
| Frequency | | | | 8 (33.3) |
| | Another Province | US | Other trips/tours - 4 track - 2 community center - 1 mail scam - 1 | |
| | 3 (12.5) | 8 (33.3) | | |

Question VI - What do you think are the more popular forms of gambling among seniors?

| Frequency | # Of Respondents | VLT/slot | | | | | lottery ticket | horses | break open/ scratch TX |
|-----------|------------------|----------|---------|-------------|----------------|--------|---|--------|------------------------|
| | | bingo | cards | table games | sports betting | stocks | | | |
| | 25 | 20 (80) | 2 (8.0) | 0 (0) | 2 (8) | 1 (4) | 19 (76) | 3 (12) | 19 (76) |
| | | | | | | | Other | | |
| | | | | | | | telemarketing - 3 mail scams - 1 readers digest - 1 clearinghouse - 1 phone - 1 | | |

Question VII - What, if any, are some of the benefits of seniors who participate in gambling activities?

| Frequency | # Of Respondents | Form of | | Forget about mental / physical health problems |
|-----------|------------------|------------|-------------------------------------|--|
| | | Recreation | Mental stimulus/ form of excitement | |
| | 23 | 3 (13) | 14 (60.9) | 1 (4.3) |
| | | | | |

Question VIII - What, if any, are some of the problems seniors experiences are as a result of these gambling activities?

| Frequency | # Of Respondents | \$ (fixed income) | | Relationship/ family problems | Health (depression, drinking, smoking, self esteem) | Loss of priorities | Increased isolation |
|-----------|------------------|-------------------|-----------|-------------------------------|---|--------------------|---------------------|
| | | YES | NO | | | | |
| | 24 | 24 (100) | 16 (66.7) | 10 (41.7) | 1 (4.2) | 3 (12.5) | |

Question IX - Are there certain gambling activities that are more likely to cause problems?

| Frequency | # Of Respondents | YES | | NO |
|-----------|------------------|-----------|----------|----|
| | | YES | NO | |
| | 19 | 17 (89.5) | 2 (10.5) | |

Question IX cont - Which activities?

| Frequency | # Of Respondents | Which activities? | | | | | |
|-----------|------------------|----------------------|-------------------------|-----------------|--|--------|------------------------|
| | | Bingo | Cards | VLT/slot | Lottery ticket | Horses | Break open/ scratch TX |
| | 19 | 3 (15.8) | 0 (0) | 11 (57.9) | 4 (21.1) | 0 (0) | 6 (31.6) |
| | | Table games 0 (0) | Sports betting 0 (0) | Stocks 0 (0) | Other telemarketing - 2 horse race - 1 activities at night - 1 casinos - 2 mail scams - 1 | | |

Question IXA - What are the reasons seniors continue to gamble even though this activity is causing problems in their life?

| Frequency | # Of Respondents | What are the reasons seniors continue to gamble even though this activity is causing problems in their life? | | |
|-----------|------------------|--|--|--|
| | | Addictive | A type of social outing or entertainment | Chance to make \$ ("Big Win") |
| | 24 | 8 (33.3) | 11 (45.8) | 10 (41.7) |
| | | | | Lack of alternative activities to be involved in |
| | | | | To decrease loneliness /boredom |
| | | | | 12 (50) Lack of support - 2 |

Question IXB - Are there any reasons that would be more unique to seniors, in comparison to the general population?

| Frequency | # Of Respondents | Are there any reasons that would be more unique to seniors, in comparison to the general population? | | |
|-----------|------------------|--|---|---|
| | | Excessive free time | The need for stimulation or socialization | Loneliness/ lack of friends/ isolation |
| | 20 | 7 (35) | 7 (35) | 11 (55) |
| | | | | Increased want of "big win" b/c of fixed income |
| | | | | Other |
| | | | | Dementia - 1 Increased money - 1 |

Question X - Have any of your clients experienced problems as a result of their own or another person's gambling?

| Frequency | # Of Respondents | Have any of your clients experienced problems as a result of their own or another person's gambling? | |
|-----------|------------------|--|--------|
| | | Yes | No |
| | 21 | 17 (80) | 4 (19) |

Question X A. -Approximately how many clients / customers in the last 12 months?

| | | |
|--|------------------|------------------------------|
| # Of Respondents 13 | | |
| AVERAGE | 10.73 | |
| STDEV | 16.57 | |
| MEDIAN | 5 | |
| Question XB - What problems do you think gambling was causing in their lives? | | |
| | # Of Respondents | Financial complications |
| Frequency | 17 | 12 (70.6) |
| | | Family dis-settlement |
| | | 14 (82.4) |
| | | Health - related |
| | | 3 (17.6) |
| Question XC - Did your organization provide them with any assistance? | | |
| | # Of Respondents | Referral to non AFM services |
| Frequency | 15 | 7 (46.7) |
| | | Internal counseling |
| | | 10 (66.7) |
| | | Referral to AFM |
| | | 7 (46.7) |

Question XI - Before today, were you aware of AFM?

| | | | |
|-----------|------------------|----------|-------|
| | # Of Respondents | YES | NO |
| Frequency | 25 | 25 (100) | 0 (0) |

Question XI, ai - Were you aware that AFM provides treatment to people with gambling problems?

| | | | |
|-----------|------------------|---------|---------|
| | # Of Respondents | YES | NO |
| Frequency | 25 | 24 (96) | 1 (4.0) |

Question XI, aii - Were you aware that AFM provides treatment to those effected by someone's gambling?

| | | | |
|-----------|------------------|---------|--------|
| | # Of Respondents | YES | NO |
| Frequency | 25 | 19 (76) | 6 (24) |

Question XII - If a senior was having problems because of gambling, would you refer him / her to AFM?

| | # Of | YES | NO |
|-------------|------|---------|---------|
| Respondents | 25 | 24 (96) | 1 (4.0) |
| Frequency | | | |

Question XII cont. - If "no", please explain
Only 1 response - Indicated that AFM is more for substance abuse

Question XIII - What would prevent seniors from using AFM's services?

| | # Of | Access / barriers | Denial | Feels of Shame and embarrassment | Lack of knowledge and info. about AFM | Stigma of AFM | Other |
|-------------|------|-------------------|---------|----------------------------------|---------------------------------------|---------------|--------------------------|
| Respondents | 25 | 16 (64) | 11 (44) | 9 (36) | 6 (24) | 8 (32) | Cultural differences - 1 |
| Frequency | | | | | | | |

Question XIV - How could AFM assist your organization to help seniors who are either having problems with their own gambling or with another person's gambling?

| | # Of | Outreach rehabilitation programs | Educational workshops for professionals | Outreach educational seminars | Accept referrals - 2 | Work with agency - 1 |
|-------------|------|----------------------------------|---|-------------------------------|----------------------|----------------------|
| Respondents | 23 | 8 (34.8) | 9 (39.1) | 10 (43.5) | 5 (21.7) | |
| Frequency | | | | | | |

Question XVI - Before today, were you aware that AFM provides education services on problem gambling?

| | # Of | YES | NO |
|-------------|------|----------|-------|
| Respondents | 23 | 23 (100) | 0 (0) |
| Frequency | | | |

Question XVII - Do you think there a need to increase seniors' awareness of problems that can occur with gambling?

| | # Of | YES | NO |
|-------------|------|----------|-------|
| Respondents | 22 | 22 (100) | 0 (0) |
| Frequency | | | |

QUESTION XVII - a: What methods would work best to reach the senior community?

| | # Of Respondents | TV | Newspaper | Pamphlet | Radio | Posters |
|-----------|------------------|-----------|-----------|----------|---------|----------|
| Frequency | 24 | 23 (95.8) | 13 (54) | 4 (16.7) | 18 (75) | 5 (20.8) |

Phone info
10 (41.7)

Other
Seniors papers / magazines - 3
Outreach groups / peer support - 3
Presentations at appropriate functions - 5
Internet - 1
Info. written for associations - 1

Question XVIII - Would your organization be interested in having an AFM educator / counselor provide information related to problem gambling to your staff?

| | # Of Respondents | YES | NO | Other |
|-----------|------------------|-----------|----------|---|
| Frequency | 24 | 15 (62.5) | 3 (12.5) | Maybe - 3 Don't know - 1 Not applicable - 2 |

Question XIX - Are you aware of gambling prevention strategies that have been offered to seniors?

| | # Of Respondents | YES | NO |
|-----------|------------------|----------|-----------|
| Frequency | 24 | 4 (16.7) | 20 (83.3) |

Question XIX cont - If "yes", what are they

| TOTALS | # Of Respondents | 4 |
|--|------------------|---|
| Themes are presentations, T.V. commercials, and addiction programs | | |

Question XX - What are the primary obstacles to prevention efforts with the senior community?

| | # Of Respondents | Denial | \$ to fund | Political influence | Isolation / access issues | Poorly informed clients |
|-----------|------------------|-----------|------------|---------------------|---------------------------|-------------------------|
| Frequency | 23 | 11 (47.8) | 1 (4.3) | 3 (13) | 10(43.5) | 8 (34.8) |

Concern over what others may think
6 (26.1)

Other

Difficult to know who has problem - 2

Question XXA - How can AFM overcome these obstacles?

| Frequency | # Of Respondents | Provide outreach educational programs | | Promotion of services | | Promote outreach treatment programs for elderly | | Educational programs for professionals | | Building Other relationships with other organizations | |
|-----------|------------------|---------------------------------------|----------|-----------------------|----------|---|----------|--|----------|---|----------|
| | | Respondents | | Frequency | | Frequency | | Frequency | | Frequency | |
| 22 | 6 (27.3) | 8 (36.4) | 6 (27.3) | 4 (18.2) | 7 (31.8) | 5 (22.7) | 4 (18.2) | 7 (31.8) | 5 (22.7) | 7 (31.8) | 5 (22.7) |

Question XXII - Overall, how important of an issue do you gambling is in the senior population?

| Frequency | # Of Respondents | Very important | | Somewhat | | Not Very | |
|-----------|------------------|----------------|-------|-----------|-------|-----------|-------|
| | | Frequency | | Frequency | | Frequency | |
| 23 | 9 (39.1) | 14 (60.9) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) |

Not at all

Question XXIII - What are the three most important issues facing seniors in Manitoba?

| | # Of Respondents | Access to health care | Insufficient personal money | Isolation / loneliness | Transportation | Housing |
|-----------|------------------|-----------------------|-----------------------------|------------------------|----------------|----------|
| Frequency | 24 | 24 (100) | 17 (70.8) | 20 (83.3) | 8 (33.3) | 8 (33.3) |

Ageism
5 (20.8)

Other
Increased disease - 1
personal safety - 3

Additional Questions / Comments

| | # Of Respondents | Request results/what recommendations will be implemented | AFM needs to provide outreach to seniors/ related organizations | Elderly persons need educational programs |
|-----------|------------------|--|---|---|
| Frequency | 7 | 3 (42.9) | 3 (42.9) | 1 (14.3) |

